

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530845

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8	1		1			
9		1		1		
10	1		1			
11	1		1			
12		1		1		
13		1		1		
14	1		1			
15		1		1		
16		2		1		
17		2		1		
18		2		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23	1		1			
24		1		1		
25		1		1		
26		1		1		
27	1		1			
28		1		1		
29		2		1		
30		1		1		
31		1		1		
32		1		1		
33		1		1		
34		1		1		
35		1		1		
36		1		1		
37	1		1			
38		1		1		
39		1		1		
40	1		1			
41		1		1		
42		1		1		
43		1		1		
44		3		1		
45		1		1		
46		1		1		
47		1		1		
48	1		1			
49		1		1		
50	1		1			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1		1			
52	1		1			
53		1		1		
54		4		1		
55		1		1		
56		1		1		
57		1		1		
58		1		1		
59		1		1		
60		1		1		
61		1		1		
62		1		1		
63		1		1		
64		1		1		
65		1		1		
66		1		1		
67		1		1		
68		1		1		
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	13	↓		↓
TOTAL DEP.		←	53	←		←
TOTAL CLAIMS			66			